Name In Full — Browning

Certificate of Death

Died at Town near Grantsville County Garrett MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899	26	Age				

~~Male~~ Femele | White Colored | ~~Married~~ Single | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husbend of
Wife

Father's Name Thos. Browning

Mother's Name

Cause of Death: Primery — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Mt. Democrat 9-2

Address

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79PTB

Name in Full Garlitz

Certificate of Death

Died at Town Grantsville County Garrett MARYLAND

Date 1899 Month Jany Day 16 Age Y. 2 M. 14 D. Native of Md Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widow~~ ~~Number of children living~~

Husband of Wife

Father's Name Henry Thos Garlitz Mother's Name Estelia Fuller

Cause of Death Primary 161 How long sick 4 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by H L Bevans

Address Grantsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55268

Name in Full X Certificate of Death

Mary George

Died at Town Swanton County Garrett MARYLAND

Date 189 9 Month Jan Day 24 Age Y. 5 M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name F. A. George

Mother's Name Elizabeth Brady

Cause of Death Primary Disease of Spine

Immediate Grippe

9

How long sick Ten days

Accident, Suicide, Homicide

Reported by J W Laughlin

Address Deer Park Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Nama in Full Rosannah Hoover

Certificate of Death

Died at Town Bevansville County Garrett MARYLAND

Date 1899 Month Jany Day 27 Age Y. 72 M. 11 D. 14 Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 10

~~Husband~~ Wife of Carlisi Hoover

Father's Name Carlisi Durst

Mother's Name Hannah Urland

Cause of Death Primary Grippe 9

Immediate Paralysis

How long sick 6 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H L Bevans M D

Address Grantsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Martha Humberson

Certificate of Death

Died at Town Home County Garrett MARYLAND

Date 1899 Month Jan Day 7 Age Y. 6 M. 3 D. 6 Native of Garrett Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living 2

~~Husband~~ ~~Wife~~ of

Father's Name Asariah Humberson Mother's Name Margret Humberson

Cause of Death Primary — 86 How long sick 2 Days

Immediate Membrain Croup Accident, ~~Suicide, Homicide~~

Reported by S Savage undertaker attended by Dr. cocks of

Address Friendsville Md Markleysburg Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Samuel A McRobie

Certificate of Death

Town

County

Died at McHenry Garrett MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 January 2 Age 59 Md Farmer

Male White Married Widow Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living Two

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary — Heart disease 57 — How long sick: Three months

Immediate — General Dropsy

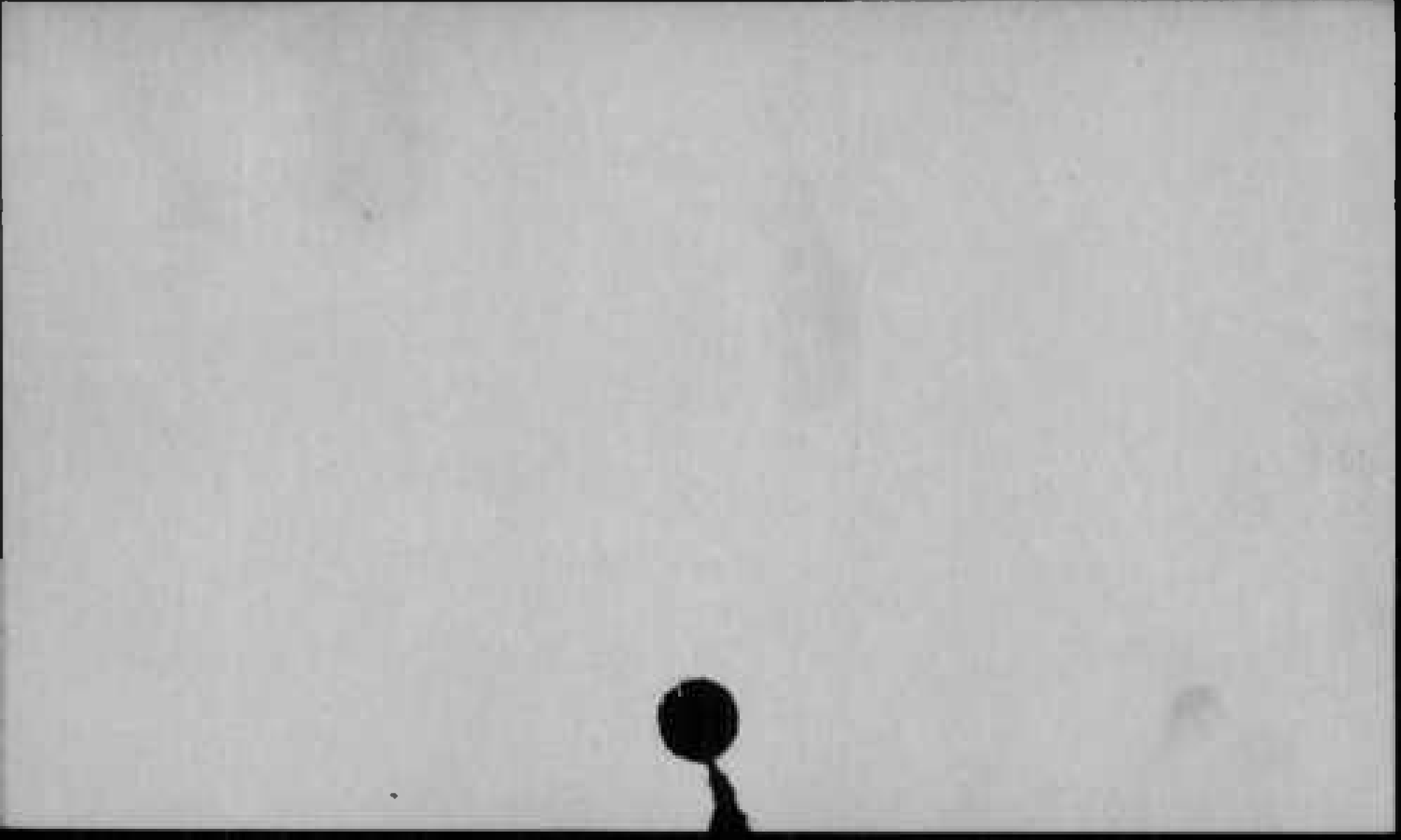
Accident, Suicide, Homicide

Reported by J W Brandenburg

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65908



Name In Full — Certificate of Death

Joseph Powell

Died at Town: Lindale County: Garrett MARYLAND

Date 1899 Month: Jan Day: 21 | Age Y.: 69 M.: 6 D.: 26 | Native of: Garrett Co | Occupation: Farm Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

~~Husband~~ of ~~Wife~~

Father's Name: James Powell • Mother's Name: Betty Powell

Cause of Death — Primary: Heart Disease — How long sick: 3 Month

Immediate: 5-7 — Accident, Suicide, Homicide

Reported by: Baldwin T Brown

Address: Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79918

Attended by Dr. S D Newman
of Oakland Md

Seen by Coroner _____
of _____

Information contained in this certificate received from John Moon
of Oakland Md

Name in Full

Certificate of Death

Joseph Powell

Died at Town Near Oakland County Garrett MARYLAND

Date 1899 Month 1 Day 26 Age Y. 70 M. D. Native of Ind Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Grippe 9

Immediate Meningitis

How long sick 4 months

~~Accident, Suicide, Homicide~~

Reported by I. D. Newman M.D.

Address Oakland Garrett Co, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68988

Name In Full Bernard Reynold

Certificata of Death

Town Oakland County Garrett

Died at Oakland MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 1 29 Age 7y Ireland

Male ~~Female~~ White Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 7

~~Husband~~ Wife of Bridget Treacy

Father's Name Mother's Name 141

Cause of Death: Primary Infirmities of age. How long sick

Immediate Accident, Suicide, Homicide

Reported by Wt. Democrat 2-2

Address

Must ba signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79-708

St. Peter's Catholic
Rev. F. A. B. Stunnenberg.

Name in Full, X Certificate of Death

Thomas Smouse

Died at Town Oakland County Garrett MARYLAND

Date 1899 Month Jan Day 9 Age Y. 21 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name Edward Mother's Name Elizabeth

Cause of Death Primary 148 How long sick

Immediate Drowned Accident, Suicide, Homicide

Reported by Bolden & Brown

Address Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Orange Wright Thayer

Died at Town: Thayerville County: Garrett MARYLAND

Date 1897 Month: 1 Day: 2 Age Y. 75 M. D. Native of Occupation

Male ~~Female~~ White Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband of ~~Wife~~ Mary Wright

Father's Name Murray Thayer Mother's Name Regiala —

Cause of Death: Primary Erysipelas 12 5 How long sick

Immediate Blood Poisoning Accident, Suicide, Homicide

Reported by Mountain Democrat 1-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Thayerville Church.

Name in Full Floyd Umbel

Certificate of Death

Died at Town Friendsville County Garrett MARYLAND

Date 1899 Month 1 Day 22 Age Y. M. D. 1-5 Native of Md Occupation

Male White ~~Married~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number~~ of children living

Husband of Wife

Father's Name James St. Umble Mother's Name Zoloma Umble

Cause of Death Primary 161 How long sick not at all

Immediate Sudden ~~Accident, Suicide, Homicide~~

Reported by A. J. Mason M.D. M E Frazee

Address Friendsville Md. [redacted] Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Nettie B. Hilch

Died at Town Freedsville County Garrett MARYLAND

Date 1897 Month 1 Day 17 Age Y. 28 M. 9 D. 17 Native of Freedsville Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

~~Husband~~ Wife of Floyd L. Hilch

Father's Name Salathial Savage Mother's Name Mary E. Savage

Cause of Death: Primary Bronchitis 6 Days How long sick 5 Days

Immediate Membranous Bronchitis Accident, Suicide, Homicide

Reported by Dr. A. F. Mason

Address Friedsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Nama In Full

Certificate of Death

Sarah Yost

Died at Town Grantsville County Garrett MARYLAND

Date 189 9 Month 1 Day 10 | Age Y. 63 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

~~Husband~~ Wife of Henry Yost

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Garrett Journal 1-17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full Kizzie Yeloly

Certificate of Death

Died at Oakland Garrett MARYLAND

Town County

Date 1899 Month Jan Day 9 Age Y. 19 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John Yeloly

Mother's Name Kizzie

Cause of Death Primary 148

Immediate Drowned

How long sick

Accident, Suicide, Homicide

Reported by Bolden & Brown

Address Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undortaker or minister.

LIBRARY BUREAU, 65968

Name in Full Robert Yelohy

Certificate of Death

Died at Town Oakland County Garrett MARYLAND

Date 1899 Month Jan Day 9 | Age Y. 17 M. D. | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name John Yelohy Mother's Name Kizzie

Cause of Death: Primary 148 | How long sick

Immediate Drowned | Accident, Suicide, Homicide

Reported by Bolden T Brown

Address Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968